PTO/SB/17 (01-06)

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s paretraint e the Consolidated Appropriations Act, 2005 (H.R. 4818).	Appli
FEE TRANSMITTAL	Filing
	First

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 620.00

Complete if Known				
Application Number	10/625,138			
Filing Date	07/23/2003			
First Named Inventor	Schrauzer, Gerhard N.			
Examiner Name	Pratt, Helen F.			
Art Unit	1761			
Attorney Docket No.	06-SCH/102 RCE			

METHOD OF PAYMENT	Γ (check all	that apply)							
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: Deposit Account Name:									
For the above-identif	fied deposit	account, the Direct	or is hereby	authorized to	o: (check all the	at apply)			
Charge fee(s)	indicated be	elow		Charg	ge fee(s) indica	ated below, ex	cept for the filing fee		
Charge any a	dditional fee	(s) or underpayme	nts of fee(s		it any overpayr	ments			
under 37 CFR WARNING: Information on this	1 16 and 1	17					rovide credit card		
information and authorization	on PTO-2038		c card illioni	ation should i	lot be illeraded				
FEE CALCULATION (A	II the fees	below are due	upon filin	g or may be	subject to a	a surcharge.	.)		
1. BASIC FILING, SEAR									
	FILING	FEES Small Entity	SEARCH	I FEES mall Entity		TION FEES			
<b>Application Type</b>	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65	<del></del>		
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300	<del></del>		
Provisional	200	100	0 -	0	0	0			
2. EXCESS CLAIM FEE	S					Foo (\$)	Small Entity		
Fee Description Each claim over 20 (i	naludina D	aiccuac)				<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25		
Each claim over 20 (1 Each independent cla			ies)			200	100		
Multiple dependent cl		mending reasse	103)			360	180		
Total Claims	Extra Clair	ns Fee (\$)	Fee Pa	aid (\$)		Multiple De	ependent Claims		
- 20 or HP =			_=			Fee (\$)	Fee Paid (\$)		
HP = highest number of total	claims paid fo	or, if greater than 20.	5 D.	• .1 ./ <b>/</b> 0\					
Indep. Claims - 3 or HP =	Extra Clair		Fee Pa	<u>iia (\$)</u>					
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.									
3 APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets									
100 = / 50 = (round up to a whole number) x =									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)									
• .					on of time fo	•	620.00		
Outer (e.g., late IIIII)	3 sui chaige	ACE IIIII IE	e and z me	Jun extensi	Other (e.g., late filing surcharge): RCE filing fee and 2 month extension of time fee 620.00				

SUBMITTED BY			
Signature	Rill D. Cluke	Registration No. (Attorney/Agent) 38,846	Telephone 619-670-1702
Name (Print/Type)	Richard D. Clarke		Date 06/30/2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.